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APPLICANTS

Qingsheng Zhu, Little Canada, MN;

Julio C. Spinelli, Shoreview, MN;

Bruce H. KenKnight, Maple Grove, MN; Jay A. Warren, North Oaks, MN;

KOM verified

** CONTINUING DATA *****

none 1CDM

** FOREIGN APPLICATIONS *****

none xpm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Krista Mullen</i> Initials <i>KOM</i>				

ADDRESS

21186
SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. BOX 2938
MINNEAPOLIS, MN
55402-0938

TITLE

Method and apparatus for determining changes in heart failure status

FILING FEE RECEIVED 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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